

## CITY OF SURPRISE VOLUNTEER APPLICATION

NAME: Last			First			Middle Initial					
ADDRESS:			City			_State	Zip				
PHONE: Home											
			Date of Birth								
All information provided is held in the strictest confidence and is not for public release.											
WHAT AREAS WOULD YOU BE INTERESTED IN VOLUNTEERING? Please check all that apply.											
PARKS & RECREATION Arts & CraftsSports ProgramsChildren's ActivitiesStadium Assistants  Community InitiativesDial A Ride Driver/DispatcherSenior ProgramsSocial Worker AssistantBrown Bag/Food ProgramsBig Brother/Sister Programs			COMMUNITY DEVELOPMENT  _Information/Receptionist _Office Assistant _Assistant Planner _Field Assistant  InspectorsBuildingPlumbingSafetyElectrical			PUBLIC RELATIONS Office AssistantGraphic Artist  FIRE DEPARTMENT Office AssistantSafety InspectorCrisis ResponseFire Prevention					
ADMINISTRATION Office AssistantCustomer ServiceFinance DeptLegal DeptCity Manager Assistant			POLICE DEPARTMENT  _Citizens Patrol _Office Assistant _Victim's Assistance Unit _Reserve Officer  OTHER			SPECIAL EVENTS Volunteer CoordinatorStaff/Office AssistantActivity Volunteer					
WHEN ARI	E YOU AVAI	LABLE TO	VOLUNTEER	?							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturd	ay Sunday				
Mornings Afternoons											
Evenings											
MONTHS YOU ARE AVAILABLE:  WHAT SPECIAL INTERESTS, HOBBIES, SKILLS/TRAINING WOULD YOU LIKE TO SHARE?  PRIOR VOLUNTEER EXPERIENCE:  How did you become interested in our volunteer program?  _BrochureGeneral AwarenessVolunteer ReferralCommunity EventOther  _NewspaperVolunteer Bureau/OrganizationsFriend ReferralOther  Do you have transportation to and from your volunteer job? YES or NO											
Do you have any request for reasonable accommodations in order to perform your volunteer duties? YES or NO											

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EMPLOYM	IENT EXPERIENCE	: Are you presently emp	oloyed? (Check as many	as apply)				
Employe	d Full TimeEmplo	oyed Part TimeU	JnemployedRe	tiredStuden	t			
CURRENT OR	PREVIOUS EMPLOYER	R: Company Name:	Dhaga					
Address:		City	Pnone: :	State:	Zip:			
D-4:					r ·			
EDUCATIO	N: High School Diploma	a or GED: YES or NO						
College or University Graduate Studies			Major	Degree Earned				
			Major					
	<b>CES:</b> Please list the name							
Name:		Address:		Phone: Phone:				
felonies, misde offenses, etc.	been convicted of a crime, meanors and serious offens t may render you ineligible	ses. Examples include, bu	t are not limited to, DW	I/DUI, reckless driving	ng and criminal traffic  ☐Yes ☐No			
Conviction D	ate Conviction	Outcome	Misdemeanor	Felony	<b>Brief Explanation</b>			
EMERGEN	CY CONTACT INFO	ORMATION: Name:						
Day Phone:		Evening Phone: City		Relationship: Zip				
volunteers w giving their t	e serving and those ho orking in sensitive are ime and services. Plea metrate our ranks.	as undergo procedur	es that may appear	on the surface to l				
I fully understa	nd, acknowledge and agree		DITIONS:					
,	e following may be require	· ·	y cencitive volunteer no	sition:				
•		•	-					
a. Backgrou	and Investigation	b. Fingerprinting	c. Substance Abus	e Testing				
	areas include: working w ential files.	ith youth (including Spe	cial Events); handling i	money; working in a	reas with access			
	made in this application are disrepresentation on this application				the application. Any false e during my placement.			
Signature of	Volunteer Applicant _		Date					
Signature of	Parent/Guardian (if vo	olunteer is a minor)	Date Date					
Home Phone	:		Work Phone:					
	DI D			O 664 T.				
g .	Please Return To:	Dot	e Received:	Office Use:				
Recrui	se Police Department	Inte	Date Received:References:					
	unent W. Statler Plaza, Suite 1	$_{03}$ Dep	partment & Supervis	or:	1:			
	se. AZ 85374	Dat	abase Entry:	Orientation	1;			

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